1:Sanders Z-5H (1952-1959) 1962 EH1 Greece EH1
Peloponnesos
[Shepherds]

children, pots and pans, donkeys, and a few articles of clothing left them after destruction of their village by the Communist guerrillas several years earlier.

A later April day found us again in Tripolis. On the road we had once more been encountering flocks from Valtetsi, but this time they were headed up toward home. Fortunately, Stephanos Agriopoulos, our favorite waiter in the Reed Restaurant, had relatives in Valtetsi and was eager to take us there. We left the main highway at the new tuberculosis hospital, turning toward the mountains on our right. The road was barely passable, evidently the mere widening of a sheep track winding in and out but always up, along the edges of dry, bone dry, ravines. Now and then one of us had to get out to shove a rock from the road. En route Stephanos told us much about the people and the hard economic struggle they were facing. The road became less rocky as we neared the village. There were small fields, brilliant green, with trees along the edges. The trees stood tall around the school and church, the center of the village, where their spring freshness and sturdiness cast a sort of tender protection over the ruined stone houses that were Valtetsi. It was only after we let the people unburden themselves of their more immediate troubles, such as rebuilding their houses, that we could turn to a description of their customary semiannual migration with their flocks.

Valtetsi, with its one hundred eighty families, had not suffered under the German occupation as had so many other Greek villages. Completely off any reasonable facsimile of a road, it was not visited by the invaders; but for this very reason it was frequented by the Communist guerrillas in the 1940s as they struggled for control of Greece. The Communist leaders repeatedly tried to persuade the people to join their side, but the Valtetsi residents refused. In anger at this refusal and with the words, "if you are not for us, you are against us," the Communists descended upon the village one day and killed about one hundred people, mostly men. They burned most of the houses and took the women and children off with them. Each man to whom we talked had some personal tragedy to relate and could show us the name of some close relative or friend on the marble monument by the church erected in honor of these victims of the Communist guerrillas. As a constant reminder of that terrible day, the houses still stood in ruins — six years later. We went from house to house and found that through lack of lumber the second stories had not been built back, nor had there been tile available for the roofs. Many of the families were holed in, as it were, on the first floor, pretty much exposed to the elements during the six months of their sojourn "at home." Yet the people were friendly, glad to see us. Their mobile faces were alive. They smiled easily, were full of curiosity, and bubbled with wit. The state of dilapidation was even more noticeable when the village secretary and president, in order to give us a drink of ouzo "for the road," had to ferret out a bottle and a few

1:Sanders Z-5,f (1952-1959) 1962 EH1 Greece EH1

844 difficult. More and more, expectant mothers are going to the provincial [178] hospitals, but even there a family atmosphere seems to reign because family [743] members are welcome in the patient's room. In rural Greece, as elsewhere, there are many measures which can be taken supposedly to ease the agony [755] of childbirth. They vary from the practice in the village of Derikovo in Central Greece, where some of the women advise the one in labor to drink a glass of water into which the tail of her eldest brother's coat has been dipped, to the practice in Southern Greece of drinking water from a glass where a budding flower was placed to the accompaniment of the reading of gospel passages. When the flower has opened, the water will supposedly ease the labor pains.

846 The Greeks have a special word for the mother of a newborn infant — *lecho* — and give her solicitous treatment. The husband may insist that she observe the traditional eight days of staying in bed, although if there is much work to be done around the farm, she may in turn insist upon resuming various tasks as soon as she feels able. The other women of the household, or the neighbors, see to it that she observes many of the customs surrounding her activities and the care of the newborn infant. At night the [776] child's clothes cannot be left outside, for it is believed that evil spirits will soil them. Throughout most of Greece the child's nails and hair are not cut [856] before it is forty days old, when the clippings must be put in an envelope and preserved. In Aetolia anyone coming into the house must not go directly to see the lecho. He must sit for some time in another room and then [777] enter her room; otherwise he brings her bad luck. Some families also insist that before a visitor enters the house, a burning charcoal be thrown on the doorstep for the newcomer to step over. In Artotina one is not supposed to enter the room of the mother in the afternoon or evening, although this taboo covers only the time after sunset in many other parts of Greece. Everywhere in rural Greece one encounters these customs surrounding the mother in the postnatal period and prohibitions which seek to forestall the visitation of any misfortune upon the infant.

844 In some parts of Central Greece as soon as a woman has given birth, she 788 must "take the blessing." Someone from the house takes a jug of fresh water to the priest, who "reads" to the water, which is then taken back to the lecho. She takes the blessing (water) and washes herself, after which all the people who were present in the house at the time of the birth also take the blessing.

851 As long as the child remains unbaptized, it is thought to grow more 856 quickly and is not subject to the Evil Eye because it still belongs to the bad 754 spirits. However, as one informant stated, "The parents are afraid and want to baptize the child as quickly as possible so that they can put it on the path [778] of God. As long as it is unbaptized, it is not allowed to wear the cross or have a little icon."[9]

1:Sanders Z-5/4 (1952-1959) 1962 EH1 Greece EH1

869 751 [152]

feeling the mystery and fear that surrounds the whole discussion of the cause and cure of an illness attributed to the Evil Eye. As they grow older, they understand why the parent of a child or the owner of an animal will say in reply to any words of admiration: *Phtyse* (Spit) or *Phtys' to* (Spit it), at which you must pretend to spit.

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It is into such an atmosphere of half-truth, and even harmful customs, that those interested in scientific medicine must practice their profession. They quickly find that patients are often brought to them after the priest and the wise women have done their best and failed. They also know that merely giving a prescription is no guarantee that it will be followed as directed, but may even be blended with folk medicine that makes it ineffective. In Greece today there is one physician for every thousand people, a proportion usually considered adequate in the United States. The difficulty comes with their maldistribution, for over 50 percent of all doctors are concentrated in the Athens-Piraeus area. Consequently, many villagers have to travel long distances to obtain medical treatment, but the improved roads are making such trips less time-consuming.[15]

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Once in a while some member of the family has to be hospitalized. An American, thinking only in terms of scientific sanitation concepts, is often amazed at what he observes if he chances into a small Greek provincial private hospital, one of which has been well described by Dr. Ernestine Friedl:

> One knocks on a door and enters a small room about twelve feet square. There are three ordinary iron bedsteads along three of the walls of the room. On each of the beds, fitted with her own bed linens in the typically varied colors of the Greek village, lies a woman patient. Two are older women wearing their brown kerchiefs and dressed in their own pink flannel nightgowns. The third is a young woman without a kerchief, lying on the bed fully dressed. It is not possible to move beyond the door because the entire center floor space is covered with a blanket, around the edges of which five relatives of one of the patients are sitting, just finishing a meal which they have been eating picnic-style. The remnants of bread, wine, and cheese are quickly gathered up as the relatives make way for the new visitors and apologize for taking up so much space. The husband of the young woman is warming some macaroni over a small kerosene burner on a tiny table near her bed. When the food is warm enough he serves it to his wife. The daughter and the husband of the third patient are standing near her bed watching the goings-on. The daughter coughs violently. It is midwinter and she has a cold aggravated by sleeping on a pallet on the floor of her mother's hospital room. A nurse comes in to leave an ice-bag. The daughter helps her mother to adjust it.[16]

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Before one condemns too quickly such medical practices, it is well to try to understand some of the cultural factors which explain them. These have

1:Sanders Z-5/4 (1952-1959) 1962 EH1 Greece EH1

743 758 been pointed out by Dr. Friedl. The bedclothes from home give the patient a chance not only to show a part of her dowry but they, being familiar, lessen the unfamiliarity of the hospital. Human companionship is considered an absolute good. To be left alone by one's family, especially when one is sick, is dreaded.

> The family has especially important social and psychological functions in Greece. Therefore, the presence day and night of family members in the hospital fulfills the latent function of emotional support. Such support is essential for Greek patients, because they feel useless and unwanted whenever an illness prevents them from fulfilling their customary roles in the household. When the family members can also care for a patient in the hospitals much as they can at home (e.g., bring and cook food for him and, if necessary, even feed him) his sense of isolation and strangeness is further lessened.[17]

Then, too, the presence of relatives overcomes any doubt the patient may have about the doctor, for they can keep a check on him and discuss in constant family conferences the kind of treatment he is giving.

These are only some of the cultural influences surrounding hospital care. They have their advantages and their disadvantages, as Dr. Friedl points out, but they do show the pervasiveness of the family system and the fact that woman's role in medical care, even when a relative is in the hospital, is indispensable.

562 593 [369] Women in rural Greece today are conscious of their hard lot; they long for an easier physical existence, for their contacts with the cities have been frequent enough to show them the advantages of the conveniences there. At the same time, they are not discontented in their social relations. They observe that a man honors his mother and is solicitous over his sister's welfare; in the beginning, however, he behaves differently toward his young wife who is less experienced in the world than he and whom he must command if he is to retain the respect of his fellow villagers. Later on, his wife — though still observing the proprieties of deference and obedience — becomes almost his equal in many matters most essential to her. He consults her about the children or about any important shift in agricultural activity, although reserving for himself the final decision.

Rural Greeks would probably not see the intended humor in the sign once posted in an Alabama restaurant — "Keep your wife for a pet, and eat with us" — since the Greek peasant wife still maintains an indispensable economic role in addition to that of sexual companion and the bearer of children. Her chief security in a male-oriented society is her very indispensability, and the more dependent her husband is upon her, the greater her sense of satisfaction. To be merely a pet, even though this carried with it a lightening of physical toil, would threaten the very foundations of her

1:Sanders Z-5,4 (1952-1959) 1962 EH1 Greece EH1

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788 because the mere act of bringing whatever they had to contribute gave them an emotional uplift.

793 But still we had not seen the end of the bishop's good works. In 1949 he had organized a home for the aged where seventy elderly people live in
[737] relative comfort. The most ambitious project of all, however, was a poly-
[874] technic school started for the youth of the area. He had already spent about $37,000 on the first floor alone. The school had opened the previous
[177] November (1952) and already had two hundred pupils. Here was an institution that the Marshall Plan had helped. The school bore the name Papaflessa, in honor of one of the Greek patriots of the war of independence. While looking over this school we also learned about one more activity, a hospital of one hundred and fifty beds whose foundation had just recently been laid by the bishop and his coworkers.

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797 The financing of even one of these undertakings, not to say the whole complement of institutions, would be a staggering task in any country, especially in one as poorly endowed as Greece. Although the bishop never confided the secret of his success, I heard from others that skillful diplomacy had stood him in good stead. He would start with a certain amount that he could take from his bishop's fund; he would then go to Athens and persuade the people in the Welfare Ministry that local people would match the funds of the central government if it would contribute; then, back home, he would call together the leading businessmen and say that he could get so much from the central government if they would put up such-and-such an amount. Since all parties did their share, he was able to get the necessary money for capital expenditures.

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794 For the operation of these institutions, and their total number of inmates or patients is considerable, he draws upon other resources. Some of the people in his diocese upon death will to some specified institution their
[428] homes, olive groves, or money. Instead of having an expensive memorial
[769] service, with several priests, for a dead relative at the stated periods required by the church, the people are having simple memorial services and giving the difference in what they would pay to an institution; instead of buying expensive wreaths, they are giving the money to the foundling home, the sanatorium, or perhaps the old people's home. The bishop, too, has organized the rural parishes so that each parish turns over olive oil, meat, cheese, and eggs to a person who collects this produce and distributes it to the institution. Or, as already mentioned, some of the people want to bring their contributions in person. Many are asked to donate labor: one builds a door, another puts in windows, and everybody has a sense of participating.

Visiting the bishop raised many questions in my mind about all that I had learned in America about modern child-welfare practices, care of the
[748] aged, and the like. Social work as a profession is just getting a start in Greece; much humanitarian activity is carried on by upper-class women of

2: Friedl E-5 (1955-1959) 963 EH1 Greece EH1
Vasilika

the village attracts, and the villagers comment on their satisfaction at seeing some different faces.

A caveat may be in order here, however. No matter how much the villagers like the variety of life in the towns, and no matter how much they dislike the tiring and messy work on the farms, when they actually live in the village and are engaged in the work in the fields and at home, they work hard, steadily, and with a will. The people of Vasilika do not believe work is ennobling in itself; they seem to have no compulsive need to work to achieve self-respect, but they accept the need for hard labor as a means to the end of support for the family. Therefore, the villagers expect the farmer and his household to work hard and for long hours if an agricultural existence is their immediate fate, but do not condemn some farmer if he tries to arrange a different fate for his children. If he is unsuccessful, and all his sons stay on the farm, or if his daughters are married off to farmers, there is no disgrace in that either, as long as he did the best he could. And if a farmer can bequeath a good farm to any of his sons and the son manages the property skillfully, the economic success of the farm brings a measure of prestige, in Vasilika, to father and son alike.

Within the context of these values let us consider how the dowry and inheritance system functions in Vasilika. Sometimes after a farmer marries and has had at least one child, it would appear that he and his wife consider the question of how many more children it would be sensible for them to have. The parents recognize that the more children they have, the harder it will be to provide adequately for the future of each of them. Therefore, regulation of the size of families is accepted in the village as obviously prudent and sensible. The villagers explain that more children survive nowadays as a result of modern medical care, and that this obviates the need to have a large family in the hope that at least two or three of the children will reach maturity. In Vasilika, some prenatal care and confinement in one of the proprietary hospitals in Levadhia is recognized now as the safest kind of maternity care and also has the most prestige (Friedl 1958). Such care immediately increases the cost of childbirth and is a drain on the family's resources. But even those families whose babies are born at home with the aid of a traveling government-trained midwife are expected, as we have seen, to provide better food and finer clothing for their children than earlier generations provided for theirs. The added expense of rearing children has not been counterbalanced by any increase in their economic value on the farms. On the contrary, less labor is regularly needed, as Chapter 2 has shown.

The trend to smaller families seems to have started back in the 1920's. Genealogies show that the parents of the marriageable young adults of the middle and late 1950's had already limited the size of their families to a mode of four children in contrast to their parents who typically had had eight. The overt statements made by married men and women of all ages including the sixty- and seventy-year-old widows indicate that the change is deliberate and coincides with their expressed attitudes. Parents who have more children than they can adequately feed and care for are accused of behaving like animals; they

6: McNeill H-5 (1947, 1956) 1957
EH1 Greece EH1
Cherasia

[Hill Villages]

families managed to escape official pressures and stayed in Volos, I was told, even though the records showed them back in the village. Similarly, a trickle of migration from the village into Volos since 1950 has gone unrecorded. With every sort of bureaucratic obstacle put in the way of legal transfer of residence from Cherasia to Volos, most of those who depart from the village simply neglect red tape and leave their names registered in Cherasia. They do so not by choice, since people officially registered as living in a village like Cherasia cannot claim unemployment benefits in Volos, and if they find no work, must either starve, rely upon relatives, or return to their village until better times offer a new start in town. This, of course, is the main reason why transfer of residence is made so difficult; the government could not afford to pay unemployment benefits to all the hungry men from the hills who might swarm into town if they could secure such payments.

Nevertheless, the villagers all agreed that more people were living in Cherasia in 1956 than had lived there before the war. A mean between conflicting estimates of the population came out close to 500 for 1956, and about 430 for 1940. The villagers reckon that their own local production supplies food for only two months in the year. The rest has to be bought with money earned by selling wood and charcoal, together with an occasional lamb from their flock.

Records of births and deaths were also in confusion, partly because children born in Volos to parents registered in Cherasia are supposed to be, but are not always in fact, entered in the village records. Partly, too, confusion arises from the custom of sending pregnant women to the Volos hospitals to give birth – a new departure in village custom, resulting from the wartime experience of living in the town, and facilitated by the existence of the new road. These children, too, sometimes escape the village registers, or are entered late. For what the figures may be

7:Friedl E-5 (1955-1956)1958
EH1 Greece EH1
Boeotia

Hospital Care in Provincial Greece

*Ernestine Friedl**

Introduction

The rural population of the province of Boeotia in Greece now makes considerable use of hospital care for childbirth and for serious illness.[1] Both men and women, even those of the older generation, allow themselves to be hospitalized without objection, often, indeed quite willingly. This is a new phenomenon. It is a particularly interesting one because of the many psychological and practical obstacles in the way of the hospitalization of a Greek village patient. Traditionally, there has been a tendency to view hospitalization as a form of desertion of the sick person by the members of his family.[2] Transportation to and from the villages to the provincial town in which the hospitals are located is difficult and expensive. Besides, doctors' bills and hospital costs themselves are quite high by local standards.

Anthropologists have long been interested in the problem of introducing hospital care in rural regions where scientific medicine is not part of the culture. They have also studied attempts to improve the use of scientific medical facilities in cultures where science is known, but is only sporadically utilized by the rural population.[3] In either situation anthropologists regularly record the many difficulties encountered. The analysis of the reasons for the difficulties has resulted in the enunciation of certain principles, which may be summarized as follows: beliefs and practices associated with curing illness in any culture have important latent functions both for the personality of individuals and for the operation of the social structure. In other words, to maintain or to restore physical well-being is the manifest purpose and often

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1. This is a revised version of a paper read at the meeting of Section H of the American Association for the Advancement of Science in New York, December, 1956.

The research on which the paper is based was conducted in 1955-56. It was supported by grants made to me under the Fulbright Act and by supplementary funds from the Wenner-Gren Foundation for Anthropological Research. Dr. Friedl's husband, Harry L. Levy, Professor of Classics at Hunter College, participated in the research throughout.

2. Margaret Mead, ed., *Cultural Patterns and Technological Change*, UNESCO, 1953, p. 250.

3. William Caudill, "Applied Anthropology in Medicine," in *Anthropology Today*, A. L. Kroeber, ed., Chicago, University of Chicago Press, 1953, pp. 771-806; Alexander H. Leighton and Dorothea C. Leighton, *The Navaho Door*, Cambridge, Harvard University Press, 1944; Margaret Mead, *op. cit., passim*; Benjamin D. Paul, ed., *Health, Culture, and Community*, New York, Russell Sage Foundation, 1955, see especially pp. 31-34, 139, 231, and 241.

[p. 24(A)]

7:Friedl E-5 (1955-1956)1958
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Hospital Care in Provincial Greece

*Ernestine Friedl**

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the result of curing practices, but the means used depend upon and have some consequences for the economic, religious, and social organization of the society, for its belief systems, and for the psychological characteristics of individuals.[4]

Studies analyzing the social roles involved in illness and of the nature and extent of hospital care in the United States have led to the same conclusions.[5] Therefore, in the interests both of successful therapy and of humanity, it is usually recommended that scientific knowledge about illness and the practices associated with its cure be introduced in such a way as to take account of the latent functions of the indigenous behavior. But how practically to implement this recommendation is always a problem.[6]

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The Boeotian situation, to be sure, did not result from conscious planning along the recommended lines. It is here suggested, however, that this situation provides, in certain respects at least, the virtual equivalent of a case study in the successful operation of the recommended principles. The following description is presented with this in mind, and does not purport to be in any sense a total study of illness in the society described.

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Comparison of Home Care and Hospitalization

Let us first look at the treatment of illness in a Greek village home. Much as in the United States, the first day or so of fever or other sign of illness is treated with bed rest and home remedies. Aspirin is known, and in the Greek village of 1956 penicillin and other antibiotics are sold in the village store, and their use comes under the head of home remedies. But, significantly enough, the antibiotics will be administered only if some relative of the family (not necessarily a physician

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4. For a discussion of manifest and latent functions see Robert K. Merton, *Social Theory and Social Structure*, Glencoe, Illinois, The Free Press, 1949, pp. 21-81. See also A. H. Leighton and D. C. Leighton, *op. cit.*, and B. D. Paul, *op. cit.*, pp. 460, 477; also Lyle Saunders, *Cultural Difference and Medical Care: The Case of the Spanish-Speaking People of the Southwest*, New York, The Russell Sage Foundation, 1954.

5. Lawrence K. Frank, "Psycho-cultural Approaches to Medical Care," *Journal of Social Issues*, 8, 45-55 (1952); Talcott Parsons, *The Social System*, Glencoe, Illinois, The Free Press, 1951, pp. 428-479; Talcott Parsons and Renee Fox, "Illness, Therapy and the Modern Urban American Family," *Journal of Social Issues*, 8, 31-44 (1952); Leo W. Simmons and Harold G. Wolff, *Social Science in Medicine*, New York, The Russell Sage Foundation, 1954, pp. 170-193.

6. George M. Foster, "Relationships Between Theoretical and Applied Anthropology," *Human Organization*, 11 (3), 5-16 (1952); B. D. Paul, *op. cit.*, p. 476.

[p. 24(B)]

7:Friedl E-5 (1955-1956)1958
EH1 Greece EH1
Boeotia

or nurse) has been taught how to give injections and can be called upon to do so. If the doctor who travels on horseback through the countryside should come into the village on a day when anyone is ill, he may or may not be asked to look at the patient. A case of measles in a young child, for example, would be diagnosed by the family and they would feel no need for the services of a doctor. In the meantime, members of the family who live in the village and the neighbors will visit with the patient while his household continues in its usual activities. However, the patient is never left alone, and is often surrounded by a crowd of noisily talking visitors, including children. The visitors all give advice as to proper treatment, recommend doctors in the neighboring towns, and recall the history and development of similar symptoms in themselves or in their relatives. The proper phrase of good cheer is *perastikà sas* which means "may it pass for you" and is addressed not only to the patient himself but to his entire household. Nor is the patient isolated even at night. If the household is one in which the parents and children sleep in the same room (some on beds and some on pallets on the floor) this custom is not changed because of illness. Food for the patient is prepared by whatever member of the household customarily does the cooking.

If an illness lasts beyond expectations, or if it takes acute or violent form such as a heart attack or a bleeding ulcer, several alternatives are possible. Some member of the household may go for a doctor, or the patient may be taken to a hospital in a provincial town. Going for the doctor may involve a walk of several miles to the nearest town where there is one, or it may involve a walk to the nearest town or village that has a taxi, and the taxi may be hired to go on for the doctor. The taxi may also be hired to call for the patient and to take him to the hospital. Ordinarily, the patient is accompanied by at least one member of his household and frequently by several. In one case in which a woman in labor went to the hospital, she was accompanied by her mother-in-law, her husband, her sister-in-law, and her brother.

One of the provincial towns in Boeotia is slowly developing into a small medical center for the surrounding region. The hospitals there are actually small proprietary institutions with ten to twenty-five beds. Each hospital is owned and operated by a doctor who ordinarily has a specialty. There are several maternity hospitals, one or two for major surgery, one for tonsilectomies, one for internal medicine, and so on. The number of these small private hospitals has increased sharply since the end of the Greek civil war in 1949. They are staffed by local women and young girls, who ordinarily have no special nurses' training except for what training the doctor can give them. The physicians themselves, however, are graduates of the medical school of the University of Athens, and many have had additional training outside of Greece.[7] The qualifications of the physicians lead one to expect normal American hospital routines, perhaps somewhat modified by the limitations of space and of an untrained staff.

But consider the scene in the room of a small private hospital. One knocks on a door and enters a small room about twelve feet square. There are three ordinary iron bedsteads

7. Leland G. Allbaugh, *Crete: A Case Study of An Under-Developed Area*, Princeton, Princeton University Press, 1953, pp. 156-157.

[p. 25(A)]

7:Friedl E-5 (1955-1956)1958
EH1 Greece EH1
Boeotia

along three of the walls of the room. On each of the beds, fitted with her own bed linens in the typically varied colors of the Greek village, lies a woman patient.[8] Two are older women wearing their brown kerchiefs and dressed in their own pink flannel nightgowns. The third is a young woman without a kerchief, but lying on the bed fully dressed. It is not possible to move beyond the door because the entire center floor space is covered with a blanket, around the edges of which five relatives of one of the patients are sitting, just finishing a meal which they have been eating picnic-style. The remnants of bread, wine, and cheese are quickly gathered up as the relatives make way for the new visitors and apologize for taking up so much space. The husband of the young woman is warming some macaroni over a small kerosene burner on a tiny table near her bed. When the food is warm enough he serves it to his wife. The daughter and the husband of the third patient are standing near her bed watching the goings-on. The daughter coughs violently. It is midwinter, and she has a cold aggravated by sleeping on a pallet on the floor of her mother's hospital room. A nurse comes in to leave an ice-bag. The daughter helps her mother to adjust it.

If we were in a maternity hospital, the scene would be much the same, except that several infants would be sleeping in wooden cradles in the rooms with their mothers. If cradles had not been brought from home, the infants would be lying in the beds with their mothers. A female relative of the mother will have been present during the birth of the baby. She will have held the mother's hand, sponged her off during the worst of the pains (no anaesthetic is used), and will have comforted her with soothing words.

These hospital scenes and the patterns of hospital care they represent suggest a remarkable similarity between the treatment of illness at home and its treatment in a hospital. The same values and attitudes of Greek culture are demonstrated in both situations, and their reinforcement in a time of stress is not impeded by hospitalization.

Influence of Greek Culture

Greek villagers take great pride in showing-off household possessions. Bed-linens and coverings are of special importance, because they are a part of the dowry which the woman of the household provided at marriage, and she probably wove them herself. Sleeping on bedclothes from home, therefore, not only lessens the unfamiliarity of the hospital surroundings, but also may give the patient and his family a chance to show off the handiwork of the women.

Let us now turn to the crowded conditions of the hospital room. Human companionship is believed by the Greek villagers to be an absolute good. Solitude is considered very unpleasant and is avoided even when people are perfectly well. When someone is in the vulnerable state of illness, it is especially important that he not be left alone. In the hospitals the members of the patient's family take turns staying with him, and neighbors who happen to be in town come and visit. Some of the hospitals, to be sure, provide a special room in

8. A DDT campaign after the Second World War successfully eliminated vermin from the Greek countryside. There is, therefore, little danger that the bedding from home will bring vermin into the hospital.

[p 25, B.]

7:Friedl E-5 (1955-1956)1958
EH1 Greece EH1
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which relatives can sleep. Even so, however, since private rooms are apparently unknown, there are always other patients to talk to.

The family has especially important social and psychological functions in Greece. Therefore, the presence day and night of family members in the hospital fulfills the latent function of emotional support. Such support is essential for Greek patients, because they feel useless and unwanted whenever an illness prevents them from fulfilling their customary roles in the household. When the family members can also care for a patient in the hospitals much as they can at home (e.g., bring and cook food for him and, if necessary, even feed him) his sense of isolation and strangeness is further lessened.

A characteristic attitude of the Greek villager is a suspicion of other people's motives and actions.[9] He believes that people are not trustworthy and are more likely to cheat one than not. The opportunity for constant family conferences to check on the doctor's treatment of one's illness is considered a necessity. Once again, the presence of at least one relative at all times during a hospital stay assures the patient that he has someone nearby watching out for his interests and keeping an eye on the possible chicaneries of the doctors and nurses. A physician we interviewed mentioned as one of the reasons for permitting a relative to stay with a woman throughout an entire confinement, the fact that the visitor could then act as a witness. She would be able to testify to the new mother and to the other members of the family that the doctor had done his job properly. The doctor himself did not seem to feel that such a point of view reflected in any way on his integrity, but simply took it for granted.

Pros and Cons of Hospitalization

What, then, are considered the special advantages of hospital care which impel the Greek villagers to incur the great expense and inconvenience of hospitalization? There is, of course, recognition of the fact that the doctor is almost continually on call in the hospital and the added sense of security this brings. For childbirth, there is no question but that the villagers believe that the doctor will do a better job. He knows more than the midwife and professional knowledge and skill is highly valued. But, I believe, what is of commensurate importance is the latent function hospitalization fulfills in the perpetual rivalry for prestige among village families. Hospital care is believed to be the sophisticated, urban way of caring for serious illness and childbirth. Hospitalization therefore can enhance family prestige. It is not uncommon for one or two sons of a village family to be educated sufficiently to obtain a white-collar job in a provincial town, in Athens, or even to be educated for and to practice one of the professions. The village girls, whose fathers can provide large enough dowries, marry a city or a town man whenever they can and so acquire husbands who are not village farmers. Since, in Greece, the family continues to act as a unit for some purposes even though its members are scattered over the city and several towns and villages, the

9. Harry L. Levy, "Property Distribution by Lot in Present-Day Greece," *Transactions of the American Philological Association*, 87, 45-46 (1956).

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[P.26(A)]

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urban members of the family regularly visit the villages. They have high prestige and are strong advocates of urban ways. They stress the superiority of urban and town doctors over the doctors who travel through the countryside on horseback to treat the villagers. If urban or town doctors are to be consulted during an illness and their care is then needed, hospitalization is the only answer. The result is that childbirth and the care of serious illness at home has come to be associated with low social position and low income, hospital care with high social position.

This description of hospital care would be incomplete without some more detailed discussion of the specific disadvantages of such care to the villagers. The expense is a major element not only because cash is scarce and long hospitalization may use up savings; indeed, it sometimes requires the sale of land. It has importance also just because the payments are made in cash, and cash must be saved by the Greek villagers for a daughter's or a sister's dowry. Every time the family's economic resources are used for other purposes it delays the marriage of the daughters. This causes considerable anxiety and leads to some sense of guilt on the part of the patient, and of resentment, not always suppressed, on the part of the family. A less acute, but nevertheless, real disadvantage of hospitalization is the increased burden of work it places on those left at home. This also occasions guilt feelings on the one hand and resentment on the other. Finally, the necessity for dealings with doctors and nurses adds to the number of role relationships which the villagers regard with suspicion. The family, in its own view, is therefore confronted with yet another occasion in which there is a threat of loss of *filótimo* (the Greek version of the oriental "face"). Constant vigilance, they believe, is necessary to see to it that the hospital personnel do not succeed in outsmarting the village family. All of these disadvantages are consequences of serious illness, in any case, but they are much intensified by hospitalization.

The evidence indicates, however, that these anxiety-producing consequences of hospital care are substantially outweighed by what are consciously and unconsciously felt to be its advantages. However, I believe that without the compensating sense of familiarity and continued participation in family relationships which the small Greek hospitals afford, the disadvantages of hospitalization would be overwhelming.

Attitudes of the Doctors

What is the attitude of the scientifically trained doctors to the hospital conditions described? They are well aware of the fact that their hospitals do not conform with the standards they observed in Athens and in other urban centers. Some of our doctors were apologetic about their own small institutions. They complained about the inability to keep regular consulting hours and the fact that therefore patients were constantly overflowing the waiting rooms. They said, however, that there was no help for it, because the villagers could not possibly manage to get into town at any regular times. They also complained about the many relatives in attendance on their patients, and said they sometimes got in the way. They pointed out, however, that their patients were uneducated villagers for the most part and would be too miserable under any other conditions. Being Greeks themselves, they were,

743 554 369 844 759 [593] 743 152 [511] [583] 743 828 152 156 759 743 743 759 [369] [758] [181] [p. 26(B)]

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in characteristically Greek fashion, more human-centered than science-centered. They went along with the human necessities of the patients, allowing these necessities to overshadow, for a time at least, what they regarded as the strict requirements of scientific hospital management.

Moreover, conversations with the doctors indicated that, although they were far more sophisticated than their village patients, they were nevertheless participants in the same basic culture, and shared many attitudes and expectations with their patients. For example, the lack of regular time scheduling for consultation, rounds of the wards, nursing routines, and the like, is not likely to be as personally irritating to a Greek doctor as it might be to his American counterpart. Greeks actively dislike regularity, and, unlike many Americans, do not derive comfort and security from routines. The Greek doctors are also less likely to be disturbed by the presence of the large numbers of visitors and their, to Americans, relatively boisterous conversations. Long and animated consultations before any decisions are made form a part of Greek life to a greater or lesser degree at all social levels, and conversation for its own sake is a favorite recreation. The fact is that illness and quiet are not inextricably linked concepts in Greek culture.

What the Greek doctors are apparently unaware of, however, is the extent to which their, to them, makeshift hospital practices conform to the social scientists' recent recommendations for flexibility and for adaptation to traditional methods of handling illness. What careful analysis has pointed out as a desirable method for conscious, planned, and gradual change,

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has been evolved willy-nilly by these doctors under the diverse pressures of their complex culture.

Future Development

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This is not to say that Greek provincial hospitals will continue their present practices indefinitely. The fact that urban hospitals conform more closely to previously existing American standards and that these form the ideal for the Greek doctors has already been noted. What is even more interesting is that, as the villagers become familiar with hospital care, in the provinces, they are sensitized to the reports of their urban relatives about hospital conditions in Athens. They are told that these more modern institutions provide bedding, and serve food from hospital kitchens. They, themselves, have learned that bringing food from home, and cooking in the hospital, are severe drains on family energies. The result is that they are beginning to complain about the poorer facilities of the provincial hospitals, and are talking of demanding more services: services which, had they been forced upon them in the early stages, would have made the hospital a strange and repellent place.

One may hope that the development of hospital practice in Greece does not reach the heights of impersonality and isolation of patients characteristic of the majority of our own hospitals. There is a growing literature analyzing and sometimes criticizing these aspects of American hospital care.[10]

10. See e.g., L. W. Simmons and H. G. Wolff, *op. cit.*, and L. K. Frank, *op. cit.*

[p. 27(B)]

/40 cont./

Vacation and Travel. There is no accepted idea of vacation. 528
Vacation is only for the school children but during the end of har- [543]
vest season when the farmer /41/ has money he takes his family
to the city or to the international fair of Salonica. The men at
such leisure times spend their weekends with their friends and rela-
tives in remote villages. The cost of travel makes it hard for most, 484
but their beast of burden, the donkey, serves as a means for this
purpose. There is no one in the village who has not traveled in the
two continents of Europe and Asia. Some of them have been to [727]
Germany, Hungary, Austria, Russia, and Turkey as prisoners in
the First War. Some others due to deportation from one country
to another, had an unbearable type of travelling. The Government [496]
railroads during holidays and early in the fall reduce the cost of [655]
train tickets by 50% and thus make it easier for many to travel.

One of the average farmers, with a family of four, spent for [511]
the year Drs. 1211 ($7.50) for travel. This sum covers 800 kilo-
meters. The above shows the extensive travelling the men do [178]
mostly for business. It is during this travelling period that the
farmer brings in and takes out from his village new seeds, new im-
proved methods of cultivation and new customs and forms of com-
munity interests.

Protection of Health and Care of the Aged. If there is any- 744
thing which is neglected in Megali Vrisi it is the /42/ health of 743
the people. In spite of the medical center and the Near East
Foundation Children's Nursery Center, where a health project was
started, the extent of malaria, tuberculosis, pneumonia and in-
testinal diseases was just as great as before these agents came in. [165]
In fact in one of my surveys with which I tried to find out the death
rate of young children from 3 months to 4 years old, four years
before the Near East Foundation established itself and five years
after its work, the figures of death rate to my surprise were amazing-
ly larger than before, in spite of the Near East Foundation's efforts.
After my eight years of experience with the farmers I was con- 744
vinced of the inadequacy of the existing health program which was

/65 cont./

Medical care. The only village in the area that has the best medical service is Megali Vrisi. The efforts of the nurse and the doctor slowly are gaining ground and more and more the people follow their principles of caring for the sick. The newly-erected hospital in the nearby city of Kilkis provides care for the inhabitants of the area free of charge. If the patient is very sick he usually is taken there, where he can find specialized doctors. 758 759 [178] [743]

The construction of the living houses is so poorly done in the village that the care of the sick under such conditions is hard. The windows are small and the mud floor with severe cold winds of the winter and no proper fuel to warm the house makes it harder yet to care for the sick. 758 362

The mutual assistance of relatives in sickness as well as of neighbors is great. People at times of /66/ great difficulties help each other, not only through labor but by giving each other food and even money. Especially is this characteristic of this people to share alike each other's burdens and partake actively in their grief and sorrow. 758 476 621

The Faith Healer. People of experience and cleverness perform certain magical performances that convince the people of their ability to command the spirits. Most of the inhabitants of Megali Vrisi believe them and spend money and time to visit them. People suffering from chronic diseases, or if born with defects of the body, or if unable to bear any child, find as the answer to their discouraged condition the faith healers. 755 [842]

Some Saints who perform miracles for donating to them; a lamb, a hen, a goat, or a cow, may, in return, act favorably for the patient. Priests praying for the sick or for the crippled are not uncommon. On special holidays, certain churches fill up with such sick and crippled people. Some sleep in the church for weeks without food and pray continuously to the Saint. Stories circulate that some one saw the Saint riding on the horse, are very common. Sometimes these saints actually do heal indirectly local pains, even of the partly crippled. Even doctors 755 782 776 [793] [787]

normal diet. Her relatives should see to it that her days are calm and happy, and that she is surrounded by pictures of beautiful scenery and beautiful people, so that her baby will be beautiful. 843

Pregnancy is pictured here as a period of joyous anticipation. In the morning, after the fourth month, the mother is awakened by her gambolling embryo, who is saying to her, "Wake up, Mama; don't be in a hurry; I am coming gradually and constantly." She takes care of her breasts, massaging them and elongating the nipples, thinking of her baby. She prepares the layette, embroidering the pieces, caressing them and showing them to her visitors, taking joy in them.

Throughout her pregnancy a woman is expected to eat everything she craves. She can knock on any door where she smells cooking food and ask for a "smell". The satirist reporting on the Court of Petty Offences describes a case where a man complains that his neighbour has been pregnant almost steadily for four years, and that her pregnancies are too great a drain on his purse; the judge advises him to move to another location. The case is unusual, but not far-fetched. [743]

There are pre-natal clinics as well as well-baby clinics, maintained by the state in the cities and provincial centres. Midwives are trained in a state institution and work in close co-operation with obstetricians. 844 759
In many villages, however, there are no trained midwives available, and there is recourse to the "wise woman". The manual, *For the Mother*, gives a list of things to be prepared for a home birth; but many women in the cities, when they can afford it, prefer an obstetrician and a hospital delivery. [369]

Childbirth is an occasion of great importance. The mother has something of the Madonna about her now, and is idealized by all, and particularly by her husband, who offers her a second courtship at this time, bringing her special sweets and ornaments. The word *lecho*, describing her through her lochial period, is emotionally charged. 844
Traditionally, a *lecho* is bedridden for eight days, and is under special regulations for the first 40 days. She may not go out until the "40 days" are over, and then she goes first to church. In some areas, no one is allowed to enter the house after sunset, until the 40 days are over. 846

Greek babies are swaddled except in very rare cases where a completely foreign manner of upbringing is followed. The newest manuals suggest half swaddling for the three months, that is, swaddling only of the trunk of the body, with legs and arms free. But this much is at any rate considered essential for a straight and firm back. In Athens there is a range of swaddling; simple people often swaddle completely for at least three months, but may leave the baby's arms and legs free by day after the fortieth day. In the village, the old swaddling is practised for the most part, along with the newer ways. Traditionally the baby is swaddled all over, until it is a stiff bundle. Each knee is straightened out; in many regions, each leg is wrapped separately, 854 856 [369]